

AMENDED IN SENATE AUGUST 25, 2003

AMENDED IN SENATE AUGUST 18, 2003

AMENDED IN SENATE JULY 15, 2003

AMENDED IN ASSEMBLY JUNE 2, 2003

AMENDED IN ASSEMBLY MAY 6, 2003

AMENDED IN ASSEMBLY APRIL 10, 2003

CALIFORNIA LEGISLATURE—2003–04 REGULAR SESSION

ASSEMBLY BILL

No. 1220

Introduced by Assembly Member Berg

(Principal coauthor: Assembly Member Cohn)

(Coauthors: Senators Aanestad, Alarcon, Chesbro, Florez, Kuehl,
Ortiz, Romero, Vasconcellos, and Vincent)

February 21, 2003

An act to add and repeal Section 104141 of the Health and Safety Code, relating to disease prevention.

LEGISLATIVE COUNSEL'S DIGEST

AB 1220, as amended, Berg. ~~Cardiovascular~~ *Heart disease and stroke prevention.*

Existing law requires the State Department of Health Services to administer various programs related to disease prevention and health promotion, including a program for the control of high blood pressure.

This bill would create the ~~Cardiovascular~~ *Heart Disease and Stroke Prevention and Treatment Task Force* within the department. The task force would be composed of 12 members, as specified, and would be

required to perform a number of duties, including the creation of a ~~Cardiovascular~~ Heart Disease and Stroke Prevention and Treatment State Master Plan. This bill would require the task force, by November 1, 2005, to submit the master plan to the Legislature, the Governor, and the department. This bill would also make implementation of its provisions contingent upon the receipt of private funding in an amount sufficient to fund the entire cost of the operation of the task force and costs associated with completing the requirements imposed by this bill, *as determined by the department*. These provisions would become inoperative March 1, 2006, and would be repealed January 1, 2007.

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: no.

The people of the State of California do enact as follows:

- 1 SECTION 1. The Legislature finds and declares all of the
2 following:
- 3 (a) Cardiovascular disease is the number one cause of death and
4 disability nationally.
- 5 (b) Heart disease alone is the number one killer, and stroke is
6 the number three killer, of Californians.
- 7 (c) More people die each year of cardiovascular disease than of
8 the next five leading causes of death combined.
- 9 (d) This year the economic burden on the nation due to
10 ~~cardiovascular~~ heart diseases and stroke is estimated to be over
11 three hundred and fifty billion dollars (\$350,000,000,000).
- 12 (e) A ~~cardiovascular~~ heart disease and stroke prevention and
13 treatment state master plan is needed to reduce the morbidity,
14 mortality, and economic burden of ~~cardiovascular~~ heart disease
15 and stroke in the state. A master plan is a vital step toward enabling
16 the state to draw down needed federal funds for future activities in
17 this area.
- 18 SEC. 2. Section 104141 is added to the Health and Safety
19 Code, to read:
- 20 104141. (a) The ~~Cardiovascular~~ Heart Disease and Stroke
21 Prevention and Treatment Task Force is hereby created in the
22 department.
- 23 (b) The task force shall be comprised of 12 members, as
24 follows, who have demonstrated interest in ~~cardiovascular~~ heart
25 disease or stroke:

(1) Three members appointed by the Speaker of the Assembly, as follows:

(A) One member representing a volunteer health organization dedicated to research and prevention of ~~cardiovascular~~-heart disease and stroke.

(B) One practicing physician with expertise in research, prevention, or treatment of stroke victims.

(C) One hospital administrator.

(2) Three members appointed by the Senate Committee on Rules, as follows:

(A) One representative of a population disproportionately affected by ~~cardiovascular~~ heart disease and stroke.

(B) One practicing physician with expertise in research, prevention, or treatment of cardiovascular disease.

(C) One representative of a health care organization.

(3) Six members appointed by the Governor, as follows:

(A) One heart disease survivor.

(B) One stroke survivor.

(C) One registered nurse.

(D) One representative of a local health department.

(E) One member of a university facility with expertise in programs intended to reduce the rate of ~~cardiovascular~~-heart disease and stroke.

(F) One registered dietitian with experience in population based programs.

(c) (1) Members of the task force shall be appointed on or before March 1, 2004.

(2) Members shall serve without compensation, but shall be reimbursed for necessary travel expenses incurred in the performance of task force duties.

(3) On or before June 1, 2004, the task force shall meet and establish operating procedures.

(4) A majority of the task force shall constitute a quorum for the transaction of business.

(5) The task force shall be headed by a chairperson, selected by the task force from among its members.

(d) The duties of the task force shall include, but not be limited to, all of the following:

(1) Creating a comprehensive ~~Cardiovascular~~-Heart Disease and Stroke Prevention and Treatment State Master Plan that

1 contains recommendations to the Legislature, the Governor, and
2 the department. The master plan shall address changes to existing
3 law, regulations, programs, services, and policies for the purpose
4 of improving ~~cardiovascular~~ heart disease and stroke prevention
5 and treatment in the state.

6 (2) Synthesizing existing information on the incidence and
7 causes of ~~cardiovascular~~ heart disease and stroke deaths and risk
8 factors to establish a profile of these deaths and risk factors in the
9 state for the purpose of developing the master plan.

10 (3) Publicizing the profile of ~~cardiovascular~~ heart disease and
11 stroke deaths and persons at risk in the state, and methods of
12 prevention of ~~cardiovascular~~ heart disease and strokes.

13 (4) Identifying priority strategies that are effective in
14 preventing and controlling, and treating persons at risk of,
15 ~~cardiovascular~~ heart disease and stroke.

16 (5) Receiving and considering reports, data, and testimony
17 from individuals, local health departments, community-based
18 organizations, voluntary health organizations, and other public
19 and private organizations statewide in order to assess opportunities
20 for collaboration, as well as to identify gaps in ~~cardiovascular~~
21 heart disease and stroke prevention and treatment in the state.

22 (e) On or before November 1, 2005, the task force shall submit
23 its plan to the Legislature, the Governor, and the department. Prior
24 to issuing the plan, the task force may issue recommendations, as
25 it deems necessary. Once the plan is submitted, the task force may
26 revise and update the plan as necessary due to medical advances
27 or other relevant information.

28 (f) The department shall provide staff support to the task force,
29 and may apply for, accept, and spend any grants and gifts from any
30 source, public or private, to support the requirements of this
31 section.

32 (g) Implementation of this section shall be contingent upon the
33 receipt of private funding in an amount sufficient to fund the entire
34 cost of the operation of the task force and costs associated with
35 completing the requirements imposed by this section, *as*
36 *determined by the department.*

37 (h) This section shall become inoperative on March 1, 2006,
38 and, as of January 1, 2007, is repealed, unless a later enacted
39 statute, that becomes operative on or before January 1, 2007,

- 1 deletes or extends the dates on which it becomes inoperative and
- 2 is repealed.

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